

MITT ROMNEY GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts Division of Professional Licensure Office of Legal Counsel

239 Causeway Street • Boston, Massachusetts 02114

Notice and Instruction sheet for CORI Acknowledgement Form BETH LINDSTROM
DIRECTOR, OFFICE OF
CONSUMER AFFAIRS & BUSINESS
REGULATION

ANNE L. COLLINS
DIRECTOR, DIVISION OF
PROFESSIONAL LICENSURE

Dear Licensee:

If your license application indicates that you checked "Yes" in response to the question regarding the existence of any criminal convictions. The Board will need to review your Criminal Offender Record Information (CORI) record before proceeding further with the processing of your application. As noted on your application form the Board is certified by the state's Criminal History Systems Board to receive from it and review criminal conviction and pending criminal case information.

In order to do so, the Criminal History Systems Board requires that the licensee be placed on notice that a CORI check will be performed.

Please complete the attached CORI notification acknowledgement form and return it with this letter and your application immediately to the PSI. Any delay in completing and returning this form will delay the processing of your license application.

Upon receipt of this acknowledgment form, the Board will request and review your criminal record. If it is necessary for you to appear before the Board to answer questions about your CORI data, you will be notified in advance. If it is not necessary for you to appear before the Board after your criminal record is requested and reviewed, the Board will continue processing your application for licensure.

Sincerely,

Richard A. Fredette Executive Director Board of state Examiners of Electricians

Enclosure

CORI ACKNOWLEGEMENT FORM

Systems Board for access to applicant/licensee for check will be conducted for		•
Applicant/Licensee Signatu	re	
APPLICANT/	LICENSEE INFORMATION	N (PLEASE PRINT)
LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME OR ALIA	AS (IF APPLICABLE)	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER(Requested but not required)	
ADDRESS:		
	CHSB USE ONLY	
RECORD ATTACHED	NO.	RECORD: